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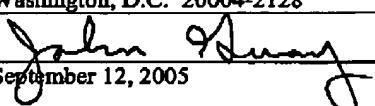
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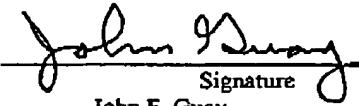
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/801,039
		Filing Date	March 16, 2004
		First Named Inventor	Keith Smothers
		Group Art Unit	3644
		Examiner Name	HAYES, Bret C.
Total Number of Pages in This Submission	11	Attorney Docket Number	030782-4

<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____	
		Remarks	
		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		<b>RECEIVED</b>
Firm or Individual name	John F. Guay (Reg. No. 47,248) Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128	OIPE/IAP
Signature		
Date	SEP 13 2005	

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September 12, 2005	
Date	Signature
	John F. Guay
	Typed or printed name

Docket No. 030782-4

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/801,039

Confirmation No. 1237

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Applicant : Keith Smothers

Filed : March 16, 2004

TC/A.U. : 3644

Examiner: : HAYES, Bret C.

Date: September 12, 2005

Docket No. : 030782-4

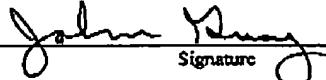
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AMENDMENT/ELECTION

Mail Stop **AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is submitted in response to the Office Action mailed June 15, 2005.

**Amendments to the Claims begin on page 2 of this paper**

**Remarks/Arguments begin on page 7 of this paper**

W673807.1